

Washington State MIECHV Performance Measures (Benchmarks 2.0) Manual for NFP

Revised, February 2017

Washington State Department of Health



Washington State Department of
Early Learning

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For people with disabilities, this document is available on request in other formats. To submit a request, please call 1-800-525-0127 (TDD/TTY call 711).

DOH 140-146 February 2017

Introduction

With the launch of the Maternal Infant and Early Childhood Home Visiting (MIECHV) program, legislation required all programs to report on six Benchmark Domains: maternal and newborn health; child maltreatment, injuries, and emergency room visits; school readiness and achievement; crime or domestic violence; family economic self-sufficiency; and coordination and referrals. Previously, Health Resources and Services Administration's (HRSA) Maternal and Child Health Bureau specified 35 performance measure constructs for these domains. Starting in Fiscal Year 2017, HRSA has specified 19 new performance measures for MIECHV programs, in an effort to reduce the burden of reporting.

The Washington State Department of Early Learning (DEL) and the Washington State Department of Health (DOH) report to HRSA annually via two reports: Form 1 and Form 2. Form 1 mainly consists of demographics, basic health, and health care utilization measures. NFP has mapped the required variables for Form 1 to their existing forms. The new 19 performance measures make up the Form 2 report to HRSA.

This manual outlines the data collection requirements needed to report on your program's demographics and performance across 19 MIECHV performance measures required by HRSA for Washington State. Data collection for the new constructs will be required starting on October 1, 2016.

The manual is broken into four sections:

- First, the manual outlines the data collection requirements for Form 1 reports.
- Second, the manual provides an overview of the new 19 performance measure constructs.
- Third, the manual provides detailed instructions for how to collect data for each of the 19 constructs using NFP's newly updated forms.
- Finally, the manual provides a cheat sheet and timeline for you to use with each client to identify the key time points for collecting data for the constructs.

The directions in this manual are specific only to the requirements of the MIECHV program, and therefore, you may have additional data collection and reporting requirements for NFP. Please consult your NFP guidance for appropriate reporting procedures for NFP.

Additional Resources:

For technical support related to using ETO: technical.support@nursefamilypartnership.org or 1-855-NFPTECH (1-855-637-8324)

For additional technical support: Kasondra Kugler at DEL (kasondra.kugler@del.wa.gov)

For questions about NFP practice and assessments: Quen Zorrah at Thrive (quen@thrivewa.org)

For questions about quarterly/annual MIECHV reporting: Elisa Waidelich at DOH (elisa.waidelich@doh.wa.gov)

Form 1 Data Requirements**

The following variables are required for all MIECHV clients for Form 1 data reports.

Required Variables	Definition	Timeline for Collection	Where to Collect
Funding Code	Source of funding for client	Intake	Client Funding Source
Client DOB	Date of birth for client	Intake	Demographics at Intake
Index Child DOB	Date of birth for index child	Infant Birth	Infant Birth Form
Client Ethnicity	Ethnicity of client (Hispanic, Non-Hispanic/Latino, decline to answer)	Intake	Demographics at Intake
Client Race	Race of Client	Intake	Demographics at Intake
Client Marital Status	<ul style="list-style-type: none"> -Married (legal or common law) -Single-never married -Widowed -Divorced -Separated -Not married – living with partner 	Intake	Demographics at Intake
Client Education Attainment	<ul style="list-style-type: none"> -Enrolled in middle school -Enrolled in high school -High school diploma -GED -Less than high school diploma not enrolled -Training certificate program -Associates degree -Some college -Bachelor degree or higher -Other -Unknown/not reported 	Intake, 6, 12, 18, 24 Months after Enrollment	Demographics at Intake Demographics Update Form

Client Employment	Employed full time (30+ hours a week), part time (<30 hours a week), not employed	Intake, 6, 12, 18, and 24 Months after Enrollment	Demographics at Intake Demographics Update Form
*Homelessness	<ul style="list-style-type: none"> -Not homeless: Owns or shares own home, condominium or apartment -Not homeless: Rents or shares own home or apartment -Not homeless: Lives in public housing -Not homeless: Lives with parent or family member -Not homeless: Some other arrangement -Homeless: Sharing housing -Homeless: Living in an emergency or transitional shelter -Homeless: Some other arrangement 	Intake, 6, 12, 18, and 24 Months after Enrollment	Demographics at Intake Demographics Update Form
Primary language spoken at home	The language used in the home the majority of the time	Intake	Demographics at Intake
Household Income	The annual gross income for the household as defined in programmatic guidance	Intake, 6, 12, 18, and 24 Months after Enrollment	Demographics at Intake Demographics Update Form
*Pregnant	Participants who enrolled in the program while pregnant at any time during the reporting period	Intake, Infant Birth	Demographics at Intake Infant Birth
Client history of child abuse or neglect	Based on self-report, an enrollee who has a history of abuse or neglect and has had involvement with child welfare services either as a child or as an adult		

*Client History of Substance Abuse/Need for Treatment	Based on self-report, an enrollee who has a history of substance abuse or who has been identified as needing substance abuse services through a substance abuse screening administered upon enrollment	Intake, Annually	Health Habits Form
*Client use of Tobacco Products in Home	Based on self-report, enrollees who use tobacco products in the home or who have been identified as using tobacco through a substance abuse screening administered during intake. Tobacco use is defined as combustibles (cigarettes, cigars, pipes, hookahs, bidis), non-combustibles (chew, dip, snuff, snus, dissolvables), and electronic nicotine delivery systems (ENDS).	Intake, Annually	Health Habits Form
*Child with Developmental Delays or Disabilities	Based on self-report or home visitor/staff observation, enrollees who have a child or children suspected of having a developmental delay or disability	Intake, Annually	Home Visit Encounter
Families that are or have Served in Armed Forces	Based on self-report, families that include individuals who are serving or formerly served in the Armed Forces, including such families that have members of the Armed Forces who have had multiple deployments outside of the United States	Intake	Demographics at Intake
*Child's Usual Source of Medical Care	The particular medical professional, doctor's office, clinic, health center, or other place where a person would usually go if sick or in need of advice about his or her health	6, 12, 18, and 24 Months	Infant Health Care Form
*Child's Usual Source of Dental Care	Usual source of dental care or dental home (means that a child's oral health care is delivered in a comprehensive, continuously accessible, coordinated, and family-centered way by a licensed dentist). The concept of the <i>dental home</i> reflects the AAPD's clinical guidelines and best principles for the proper delivery of oral health care to all children, with a concentration on infant/age one patients.	6, 12, 18, and 24 Months	Infant Health Care Form

*Denotes a required variable for Form 1 reporting

MIECHV Benchmark 2.0 Plan for NFP

This matrix outlines each of the 19 constructs' definitions, the numerator and denominator used for calculations, timeline for collecting the data from your client, and which form to use for data collection.

Benchmark	Construct	Definition	Numerator/Denominator	Timeline for Collection	Where to Collect Data
Maternal and Newborn Health	Preterm Birth	Percent of infants born premature (<37 weeks) to women who enrolled less than 37 weeks pregnant	Number of live born index or subsequent children born before 37 weeks to women who enrolled while pregnant / Number of live born infants born to women who enrolled before 37 weeks pregnant	Collect gestational age during first visit after infant's birth	Infant Birth Form: Record the index infant's gestational age Demographics Update Form: Record subsequent infants' gestational age
	Breastfeeding	Percent of infants (among mothers who enrolled in home visiting (HV) prenatally who were breastfed any amount at 6 months of age	Number of index children age 6-12 months that were breastfed any amount at 6 months / Number of index children age 6-12 months	Collect breastfeeding data at 6 months and 12 months of age for index infant.	6-Month and 12-Month Infant Health Care Form: Q: "Does your child continue to get breast milk?"
	Depression Screening	Percent of primary caregivers enrolled in HV who are screened for depression using a validated tool within 90 days of delivery	Number of clients with at least one PHQ-9 screening completed within 90 days of delivery / Number of clients who were enrolled for at least 90 days after delivery	Complete 1-8 weeks after delivery. Will count if screen is completed within 90 days of delivery	PHQ-9 Table
	Well Child Visit	Percent of children enrolled in HV who received the last recommended visit based on the American Academy of Pediatrics (AAP) schedule	Number of children enrolled who received the last recommend well-child visit based on AAP schedule / Number of children enrolled in home visiting	Collect data at every visit after the birth of index child	Home Visit Encounter Form: Q: "Since our last visit, has your child received any well-child visits?"

	Postpartum Care	Percent of mothers who received a postpartum visit with a healthcare provider within 8 weeks (56 days) of delivery	Number of clients who indicated receiving a postpartum visit within 8 weeks of delivery / Number of clients who were enrolled for at least 8 weeks after delivery	Collect data at every visit after the birth of index child	Home Visit Encounter Form: Q: "Since our last visit, have you received any of the recommended prenatal or postpartum visits?"
	Tobacco Cessation	Percent of primary caregivers enrolled in HV who reported using tobacco or cigarettes at enrollment and were referred to tobacco cessation counseling or services within 3 months of enrollment.	Number of clients enrolled who report using tobacco or cigarettes who received a referral for tobacco cessation counseling within 3 months of enrollment / Number of clients who reported using tobacco at enrollment and were enrolled for at least 3 months	Collect smoking data at intake visit Record referrals within 90 days of enrollment	Health Habits at Intake Form: Q: "In the last 48 hours, how many cigarettes have you smoked? Do you use other forms of nicotine?" Referral to Services Form: Record referral to smoking cessation
Child Maltreatment, Injuries, and Emergency Room Visits	Safe Sleep	Percent of infants (under 1 year of age) enrolled in HV that are always placed to sleep on their backs, without bed-sharing and without soft-bedding	Number children under one year of age whose mothers report that they were always placed to sleep on their backs, without bed-sharing and without soft bedding / Number of children under one year of age	Record safe sleep questions birth, 6, and 12 months of age	Infant Birth, 6-Month Infant Health Care and 12-Month Infant Health Care forms: 1. How often do you place your infant to sleep on their back? 2. How often do you bed-share with your infant? 3. How often does your infant sleep with soft bedding?
	Child Injury	Rate of injury-related visits to the ER among children enrolled in HV.	Number of parent reported nonfatal injury related ER visits among children after enrollment / Number of children enrolled	Collect data at every visit after the birth of index child	Home Visit Encounter Form: Q: "Have you taken your child to the hospital emergency room/urgent care center for an injury or because you were concerned your child swallowed something harmful?"

	Child Maltreatment	Percent of children enrolled in HV with at least one investigated case of maltreatment following enrollment within the reporting period	Number of index children with at least 1 investigated case of maltreatment since enrollment / Number of children enrolled	Collect for all index children	CPS consent forms <i>See Appendix A for CPS forms and sample script</i>
School Readiness and Achievement	Parent-Child Interaction	Percent of primary caregivers enrolled in HV who receive an observation of caregiver-child interaction using a validated tool.	Number of children with an assessment completed using validated tool for the age range / Number of children who have reached an age appropriate for assessment	HOME: Complete at least one assessment in the reporting year	HOME inventory: 6-Month Infant Health Care and 18-Month Infant Health Care forms
	Early Language and Literacy Activities	Percent of children enrolled in home visiting with a family member who reported that during a typical week s/he read, told stories, and/or sang songs with their child every day	Number of enrolled children with a family member who reported that during a typical week s/he read/told stories/sang songs with child every day / Number of enrolled children	Infant birth, 6, 12, 18, and 24 months of age	Infant Birth Form and Infant Health Care Form: “During a typical week, how many days do you (and/or a family member) read, tell stories, and/or sing songs to your child?”
	Developmental Screening	Percent of children enrolled in home visiting with a timely screening for developmental delays using a validated parent-completed tool	Number of index children with at least one ASQ-3 screening within the AAP-defined age groups / Number of children enrolled who are eligible for an ASQ-3 screening based on the AAP-defined age groups	10 and 18 and optional at 24 months	ASQ-3 Screening

	Behavior Concerns	Percent of home visits where primary caregivers were asked if they have any concerns regarding their child's development, behavior, or learning	Number of visits where clients were asked about concerns about child's behavior / Number of home visits completed among clients with children	Collect data at every visit after the birth of index child	Home Visit Encounter Form: Q: "Do you have any concerns regarding your child's development, behavior, or learning?"
Crime or Domestic Violence	IPV Screening	Percent of primary caregivers enrolled in home visiting who are screened for intimate partner violence (IPV) within 6 months of enrollment using a validated tool	Number of clients with an IPV screen within six months of enrollment / Number of clients enrolled for at least six months	Within 6 months of enrollment	RAT/WEB screening tool In ETO under IPV screening record the client identification, date, and time frame the assessment was completed, skip questions 1-8 and then click the alternative drop down box and check if the assessment indicates at risk for IPV
Family Economic Self Sufficiency	Maternal Education	Percent of primary caregivers who enrolled in home visiting without a high school degree or equivalent who subsequently enrolled in, maintained continuous enrollment in, or completed high school or equivalent during their participation in home visiting	Number of clients who have completed high school/GED or are currently enrolled in middle or high school / Number of clients who at intake had not completed high school/GED	Intake, 6, 12, 18, and 24 months after enrollment	Demographics at Intake Form and Demographics Update Form: Q: "Are you currently enrolled in middle or high school/GED? Have you completed high school or GED or vocational/certification program?"
	Continuity of Insurance Coverage	Percent of primary caregivers enrolled in home visiting who had continuous health insurance coverage for at least 6 consecutive months	Number of clients with health insurance for at least six months consecutively / Number of clients enrolled for at least six months	Collect data at every visit	Home Visit Encounter Form: Q: "Since our last visit, have you had continuous health insurance coverage?"

Coordination and Referrals	Completed Depression Referrals	Percent of primary caregivers referred to services for a positive screen for depression who receive one or more service contacts	Number of primary caregivers with a positive depression screen and received services for depression/ Number of primary caregivers with a positive depression screen within three months of delivery	6 months after birth	6 Month Use of Government and Community Services Form Referral to Mental Health record: -2 (Client is currently receiving services) OR -5 (client received the services since the last time the form was completed but is no longer receiving services)
	Completed Developmental Referrals	Percent of children enrolled in home visiting with positive screens for developmental delays who receive services within 45 days.	Number of children with positive screen for developmental delays who received individualized support from a HV OR referred to early intervention and received an evaluation within 45 days of positive screen OR were referred to other community services with 30 days of positive screen / Number of children with positive screen for developmental delays	Within 45 days of a positive screen using the ASQ-3	Use of Government and Community Services Form - Early Childhood Intervention: - 2 (Client is currently receiving services) OR - 5 (client received the services since the last time the form was completed but is no longer receiving services)
	IPV Referral	Percent of primary caregivers enrolled in home visiting with positive screens for IPV who receive referral information to IPV resources	Number of clients with a positive screen for IPV who received referral information / Number of clients with a positive screen for IPV within 6 months of enrollment	Complete at each visit after identification of IPV risk	Referral to Services Form

Constructs by Form

This section describes the data required to be collected for MIECHV programs by NFP form.

Construct	Construct #
DEMOGRAPHICS AT INTAKE	
Education level of client	Construct 15
DEMOGRAPHICS UPDATE FORM	
Education level of client	Construct 15
Gestational age of additional children	Construct 1
HEALTH HABITS AT INTAKE FORM	
Smoking cessation	Construct 6
<i>"In the last 48 hours, how many cigarettes have you smoked? / Do you use other forms of nicotine?"</i>	
INFANT BIRTH FORM	
Gestational age of index child	Construct 1
Infant sleep questions	Construct 7
<i>"How often do you place your infant to sleep on their back?"</i> <i>"How often do you bed-share with your infant?"</i> <i>"How often does your infant sleep with soft bedding?"</i>	
Early language and literacy questions	Construct 11
<i>"During a typical week, how many days do you (and/or a family member) read, tell stories, and/or sing songs to your child?"</i>	
6-MONTH INFANT HEALTH CARE FORM	
Breastfeeding	Construct 2
<i>"Does your child continue to get breast milk?"</i>	
Infant sleep questions	Construct 7
<i>"How often do you place your infant to sleep on their back?"</i> <i>"How often do you bed-share with your infant?"</i> <i>"How often does your infant sleep with soft bedding?"</i>	
HOME Inventory scores	Construct 10
Early language and literacy questions	Construct 11
<i>"During a typical week, how many days do you (and/or a family member) read, tell stories, and/or sing songs to your child?"</i>	
12-MONTH INFANT HEALTH CARE FORM	
Breastfeeding	Construct 2
<i>"How old was your child when s/he stopped getting breast milk?"</i>	
Infant sleep questions	Construct 7
<i>"How often do you place your infant to sleep on their back?"</i> <i>"How often do you bed-share with your infant?"</i> <i>"How often does your infant sleep with soft bedding?"</i>	
Early language and literacy questions	Construct 11
<i>"During a typical week, how many days do you (and/or a family member) read, tell stories, and/or sing songs to your child?"</i>	

18-MONTH INFANT HEALTH CARE FORM	
HOME Inventory scores	Construct 10
Early language and literacy questions	Construct 11
<i>"During a typical week, how many days do you (and/or a family member) read, tell stories, and/or sing songs to your child?"</i>	
24-MONTH INFANT HEALTH CARE FORM	
Early language and literacy questions	Construct 11
<i>"During a typical week, how many days do you (and/or a family member) read, tell stories, and/or sing songs to your child?"</i>	
HOME VISIT ENCOUNTER FORM	
Well child visits	Construct 4
<i>"Since our last visit, has your child received any well-child visits?"</i>	
Postpartum care	Construct 5
<i>"Since our last visit, have you received any of the recommended prenatal or postpartum visits?"</i>	
ER or urgent care visits for injuries	Construct 8
<i>"Have you taken your child to the hospital emergency room/urgent care center for an injury or because you were concerned your child swallowed something harmful?"</i>	
Behavior concerns	Construct 13
<i>"Do you have any concerns regarding your child's development, behavior or learning?"</i>	
Health insurance for Construct 16	Construct 16
<i>"Since our last visit, have you had continuous health insurance coverage?"</i>	
USE OF GOVERNMENT AND COMMUNITY SERVICES FORM	
Referral to mental health services	Construct 17
Referral to early childhood intervention	Construct 18
REFERRAL TO SERVICES FORM	
Referral to smoking cessation services	Construct 6
Referral for IPV services	Construct 19
DEPRESSION SCREENING TOOL	
Patient Health Questionnaire-9 (PHQ-9)	Constructs 14 and 19
DEVELOPMENTAL SCREENING TOOL	
Ages and Stages Questionnaire (ASQ-3)	Constructs 12 and 18
CPS CONSENT FORMS FOR CONSTRUCT 9	

Construct Descriptions

This section describes each construct in detail and provides direction on how to collect the data using NFP forms.

Construct 1: Preterm Birth

Summary of Measure

This construct measures the number of live born infants with a gestational age of less than 37 weeks. For this construct, you will need to record the gestational age of the index child, and all subsequent children born to the enrolled client.

There is no change in practice for the recording of the infant's gestational age, but you are now required to report the gestational age of subsequent children.

Data collection:

- ❖ Record the index infant's gestational age on the Infant Birth Form in weeks:

5. ♦ Gestational age at birth: weeks

- ❖ Record subsequent infants' gestational age on the Demographics Update Form:

23. For the live birth reported in 22, please complete the following information:

Client's Subsequent Child	
a.	DOB <input type="text"/>
b.	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
c.	Birth weight <input type="text"/> grams or <input type="text"/> lbs. <input type="text"/> oz.
d.	Did (<u>name</u>) have to spend any time in the NICU or a special nursery because of problems? <input type="checkbox"/> Yes. For how many days prior to being discharged? <input type="text"/> days <input type="checkbox"/> No
e.	Gestational age at birth: <input type="text"/> weeks

Construct 2: Breastfeeding

Summary of Measure

This construct measures the number of index infants who are breastfed at or after six months of age. For this construct, you will need to record whether or not the child was breastfed on the 6-month Infant

Health Care Form. You must complete this form at or after the child is 6 months old. This construct can also be calculated based on the number of weeks the child breastfed recorded on the 12-month Infant Health Care Form.

There is no change in practice for recording this data. However, the 6-month Infant Health Care Form cannot be used if completed before 6-months. If completed before six months of age, we will use the 12 month form.

Data collection:

- ❖ On the 6-month Infant Care Form, record the client's answer to "Does your child continue to get breast milk?"
- ❖ On the 12-month Infant Health Care Form, record the number of weeks the child was breastfed.

Breastfeeding:
10. ♦ Has your child ever had breast milk? <input type="checkbox"/> Yes <input type="checkbox"/> No (Skip to 15)
11. Does your child continue to get breast milk? <input type="checkbox"/> Yes (Skip to 13) <input type="checkbox"/> No
12. How old was your child when s/he stopped getting breast milk? <input type="checkbox"/> Less than one week (Skip to 15) <input type="checkbox"/> One week or more; specify number of weeks: <input type="text"/> weeks (Skip to 15)
13. Is your child still exclusively receiving breast milk? <input type="checkbox"/> Yes (Skip to 15) <input type="checkbox"/> No

The survey date for the 6-month Infant Health Care Form must be at least SIX MONTHS after the infant's birthday, or the answer will not be included for the construct. If the date is before six months, we will use the 12-month form.

Construct 3: Maternal Depression Screening


Summary of Measure

This HRSA construct measures the number of clients who received a depression screen using the Patient Health Questionnaire-9 (PHQ-9) screening within 90 days of delivery. For this construct, NFP's practice is to screen for depression within one to eight weeks after delivery. Home visitors will screen for postpartum depression using the PHQ-9 Form.

There is a slight change in practice. You will now only screen for maternal depression using the PHQ-9

Data collection:

- ❖ Complete a depression screening using the PHQ-9 Form with the client within 3 months. NOTE: NFP practice is to complete at one to eight weeks postpartum.



Patient Health Questionnaire-9 (PHQ-9)

Client ID Client Name DOB

Date Nurse Home Visitor ID Nurse Home Visitor Name

Check one: ☐ Intake ☐ Pregnancy 36 Weeks ☐ Infancy 1-8 Weeks ☐ Infancy 4-6 Months ☐ Infancy 12 Months

☐ Additional (PRN)

*The survey date for the PHQ-9 must be **LESS THAN 90 days** after the birthdate of the index child. If the screen occurs after 90 days, it will not be included for this construct.*

Construct 4: Well-Child Visit

Summary of Measure

This construct measures the number of children who received well-child visits based on the American Academy of Pediatrician's recommended visit schedule. The recommended visit schedule is in the nursery, 3-5 days, 1-month, 2-months, 4-months, 6-months, 9-months, 12-months, 15-months, 18-months, and 24-months. This information will be recorded on the modified Home Visit Encounter Form.

This is a change in data collection. You will now ask the client about any well child visits at each home visit.

Data collection:

- ❖ At each visit after birth, ask the client "Since our last visit, has your child received any well-child visits?" on the Home Visit Encounter Form. Record the parent's answer as "Yes" or "No". If yes, mark which visits have been completed since your last visit (check all that apply).

3. ♦ Since our last visit, has your child had any of the following well-child visits?

☐ Yes (if yes, please indicate which of these well child visits were completed; check all that apply)

<input type="checkbox"/> In the nursery	<input type="checkbox"/> 3-5 days after birth	<input type="checkbox"/> By 1 month old	<input type="checkbox"/> 2 months old
<input type="checkbox"/> 4 months old	<input type="checkbox"/> 6 months old	<input type="checkbox"/> 9 months old	<input type="checkbox"/> 12 months old
<input type="checkbox"/> 15 months old	<input type="checkbox"/> 18 months old	<input type="checkbox"/> 24 months old	
<input type="checkbox"/> 24 month visit scheduled but not yet completed			

☐ No ☐ N/A

Construct 5: Postpartum Care

Summary of Measure

This construct measures the number of clients who received a postpartum visit within 1-8 weeks after delivery. This information will be recorded on the modified Home Visit Encounter Form. According to HRSA, a postpartum visit is a visit between the woman and her healthcare provider to assess the mother's current physical health, including the status of pregnancy-related conditions such as gestational diabetes, to screen for postpartum depression, to provide counseling on infant care and family planning, and to provide screening and referrals for the management of chronic conditions." In addition, a provider may use this opportunity to conduct a breast exam and discuss breastfeeding. While there is no restriction on the types of healthcare providers that provide a postpartum visit, the purpose of the visit must be for one or more of the reasons outlined above.

This is a change in data collection. You will now ask about postpartum visits on the Home Visit Encounter Form.

Data collection:

- ❖ At each visit, ask the client "Since our last visit, have you received any of the recommended prenatal or postpartum visits?" on the Home Visit Encounter Form. Record the parent's answer as "Yes" or "No". If yes, mark which visits have been completed (check all that apply).

Postpartum visit is an option on the list.

2. ♦ Since our last visit, have you received any of the recommended prenatal or postpartum visits?			
<input type="checkbox"/> Yes (if yes, please indicate which of these visits were completed; check all that apply)			
<input type="checkbox"/> 6-9 weeks	<input type="checkbox"/> 22-25 weeks	<input type="checkbox"/> 36 weeks	<input type="checkbox"/> 40 weeks
<input type="checkbox"/> 10-13 weeks	<input type="checkbox"/> 26-29 weeks	<input type="checkbox"/> 37 weeks	<input type="checkbox"/> 41 weeks
<input type="checkbox"/> 14-17 weeks	<input type="checkbox"/> 30-32 weeks	<input type="checkbox"/> 38 weeks	<input type="checkbox"/> 1-8 weeks postpartum
<input type="checkbox"/> 18-21 weeks	<input type="checkbox"/> 33-35 weeks	<input type="checkbox"/> 39 weeks	
<input type="checkbox"/> No	<input type="checkbox"/> N/A		

*This visit must be completed **within 56 days (8 weeks) of delivery**. Therefore, if the client reports receiving a postpartum visit more than 56 days after birth, this postpartum visit will not count towards the construct.*

Construct 6: Tobacco Cessation Referral

Summary of Measure

This measure captures the number of clients who received a referral for smoking cessation within three months of enrollment. This construct requires that you ask all clients about smoking and nicotine on the Health Habits at Intake Form and then record referrals for those clients who report smoking on the Referrals to Services Form. For this measure, tobacco or cigarette use only needs to be assessed at enrollment.

This is a new MIECHV construct. There is a change to data collection procedures. You will now capture referrals for smoking cessation on the Referrals to Services Form.

Data collection:

- ❖ At the intake visit, complete the Health Habits at Intake Form. This includes the question, “In the last 48 hours, how many cigarettes have you smoked?/Do you use other forms of nicotine?” Record the number of cigarettes the client reports smoking.
- ❖ Record other forms of Nicotine use including: Tobacco or cigarette use consists of the following: combustibles (cigarettes, cigars, pipes, hookahs, bidis), non-combustibles (chew, dip, snuff, snus, dissolvables), and Electronic Nicotine Delivery Systems (ENDS).
- ❖ For those clients who report **greater than zero** cigarettes or other nicotine use on the Health Habits at Intake form, **provide a referral to smoking cessation**. Record this referral on the Referral to Services Form within 3 months of enrollment.

3. In the last 48 hours, HOW MANY cigarettes have you smoked? By 48 hours, I mean from (TIME AND DAY OF WEEK) to (TODAY AND TIME).

If < 0 cigarettes

4. Do you use other forms of nicotine?

☐ Yes

If yes, please indicate the types of nicotine you use (please check all that apply).

☐ Electronic cigarette (E-cigarette)

☐ Patches

☐ Dissolvable Tobacco (strips, sticks, orbs and compressed tobacco, lozenges)

☐ Cigars

☐ Smokeless tobacco (chewing tobacco and snuff)

☐ No

Smoking Cessation on the Referral to Services Form:

		Substance Abuse
✓		10. Smoking Cessation
		11. Alcohol Abuse
		12. Drug Abuse

The survey date for the Referrals to Services Form must be less than 90 days from the enrollment date. If you provide this service after three months (90 days), it will not count towards this construct.

Construct 7: Safe Sleep

Summary of Measure

This measure captures the number of clients who have their infants sleep in a safe position. This construct requires three new questions, which have been added to the Infant Birth Form and Infant

Health Care Forms. Please complete these three questions on the Infant Birth Form, the 6-Month Infant Health Care Form and the 12-month Infant Health Care Form.

This is a new MIECHV construct. There is a change in data collection procedures. You will now ask about sleeping positions at birth, 6, and 12 months of age.

Data collection:

- ❖ Complete the following three questions on the Infant Birth, 6-Month Infant Health Care and 12-Month Infant Health Care forms:
 - “How often do you place your infant to sleep on their back?”
 - “How often do you bed-share with your infant?”
 - “How often does your infant sleep with soft bedding?”

Safe Sleep:

15. ♦ How often do you place your infant to sleep on their back?

- ☐ Always
- ☐ Sometimes
- ☐ Never

16. ♦ How often do you bed-share with your infant?

- ☐ Always
- ☐ Sometimes
- ☐ Never

17. ♦ How often does your infant sleep with soft bedding?

- ☐ Always
- ☐ Sometimes
- ☐ Never

*You must ask **all three questions at each time point** in order for the data to count towards completion of the construct.*

Construct 8: Child Injury

Summary of Measure

This measure captures whether or not the child has been injured thus necessitating a visit to the emergency room or urgent care. This data will be captured at each visit on the Home Visit Encounter Form.

This is a change in data collection. You will now ask about ER and urgent care visits at each home visit.

Data collection:

- ❖ At each visit, please ask the following question from the Home Visit Encounter Form: “Have you taken your child to the hospital emergency room/urgent care center for an injury or because you were concerned your child swallowed something harmful?”

ER Visits|and Hospitalizations

6. ♦ Since our last visit, have you taken your child to the hospital emergency room/urgent care center for an injury or because you were concerned your child swallowed something harmful?

☐ Yes (If yes, please mark the reason and note the date)

NOTE: ER and Urgent Care visits for illness should not be noted

☐ Injury Date: ____/____/____ (month/day/year) ☐ Treatment Needed

☐ Emergency Room ☐ Urgent Care

Date: ____/____/____ (month/day/year) ☐ Treatment Needed

☐ Emergency Room ☐ Urgent Care

Date: ____/____/____ (month/day/year) ☐ Treatment Needed

☐ Emergency Room ☐ Urgent Care

☐ Ingestion Date: ____/____/____ (month/day/year) ☐ Treatment Needed

☐ Emergency Room ☐ Urgent Care

Date: ____/____/____ (month/day/year) ☐ Treatment Needed

☐ Emergency Room ☐ Urgent Care

Date: ____/____/____ (month/day/year) ☐ Treatment Needed

☐ Emergency Room ☐ Urgent Care

☐ No ☐ N/A (still pregnant)

NOTE: Only visits to the ER will be counted. Urgent care visits are not counted for MIECHV.

Construct 9: Child Maltreatment

Summary of Measure

This measure captures the number of children who have at least one investigated report by Child Protective Services during the reporting period. For this measure, the home visitor is only responsible for obtaining signed consent forms to allow Washington State Department of Health to link the client to data within the Department of Social and Health Services. Please write the Client ID on the CPS consent form before returning to DOH.

There is no major change in data collection practice for this construct.

Data collection:

- ❖ By six months of age, have **each client** sign a consent form to allow Washington State to link the client to the administrative data from the Department of Social and Health Services. Please see CPS Consent Script, CPS form for more details
- ❖ CPS consents are needed for all children enrolled in the report year.

Construct 10: Parent-Child Interaction

Summary of Measure

This measure captures how well the parent and child interact with each other to support healthy development of the child.

For Washington State reporting you will need to collect the HOME once per reporting year. The HOME tool is included on the 6 and 18 month infant Health Care Forms. .

Data collection:

- ❖ Conduct a HOME Inventory for **all index children** at least once during the report year and record on the 6 and 18-Month Infant Health Care Forms.

*HOME Inventory must be completed **at least once each** report year for all index children*

Construct 11: Early Language and Literacy Activities

Summary of Measure

This construct measures how often the client reads, sings, or does other literacy activities to promote literacy in their children. This construct requires a new question on the Infant Birth Form and on the Infant Health Care Form at **6, 12, 18, and 24 months**.

This is a new MIECHV construct. There are new questions on both the Infant Birth Form and Infant Health Care Form

Data collection:

- ❖ On the Infant Birth Form, ask and record the answer to “During a typical week, how many days do you (and/or a family member) read, tell stories, and/or sing songs to your child?” The response will be between 0-7 days.
- ❖ On the Infant Health Care Form at 6, 12, 18, and 24 months, ask and record the answer to “During a typical week, how many days do you (and/or a family member) read, tell stories, and/or sing songs to your child?” The response will be between 0-7 days.
- ❖ For MIECHV, this question must be recorded at least once during the report year.

16. ♦ During a typical week, how many days do you (and/or a family member) read, tell stories, and/or sing songs to your child?
☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7

Construct 12: Developmental Screening

Summary of measure

This construct captures whether or not a child received an Ages and Stages Questionnaire (ASQ-3) screening during the AAP-recommended time periods. The ASQ-3 should be completed at 10, 18, and optional at 24 months; the scores recorded on the ASQ table (*see exact screening time windows below*).

There is no change in practice for completing the ASQ or recording the data.

Data collection:

- ❖ At **10 months** (9 months and 0 days – 10 months and 30 days), **18 months** (17 months and 0 days to 18 months and 30 days), and **24 months** (23 months and 0 days to 24 months and 30 days) complete the ASQ-3 questionnaire with your client and record the answers on the ASQ-3 Form.

ASQ-3 screens that occur outside the time windows will not count towards the construct.

Construct 13: Behavioral Concerns

Summary of Measure

This construct captures whether or not the client has any concerns about their child's development, behavior, or learning. This is a new MIECHV construct with a new question on the Home Visit Encounter Form.

This is a change in practice and data collection. You will now ask about behavior concerns at every visit after the birth of the child.

Data collection:

- ❖ At each visit after the birth of the infant, ask the following question on the Home Visit Encounter Form: "Do you have any concerns regarding your child's development, behavior, or learning?" The responses are: "Yes", "No", "Not indicated at this visit", and "N/A (still pregnant)".

1. ♦ Do you have any concerns regarding your child's development, behavior or learning?
☐ Yes ☐ No ☐ Not Indicated at this visit ☐ N/A (still pregnant)

*Collect data at **all postnatal visits**. If you do not collect this data, it will be recorded as missing towards the construct.*

Construct 14: Intimate Partner Violence Screening

Summary of Measure

This construct captures whether or not an Intimate Partner Violence (IPV) screening was completed within 6 months of enrollment. For this construct, the NFP NSO is changing the tool from the Relationship Assessment form to the Clinical IPV assessment. However, Washington State will be using a new tool also called the Relationship Assessment Tool (RAT) which is modified from the Women's Experience with Battering (WEB) tool. This tool is recommended by Washington State Coalition Against Domestic Violence (WSCADV) based on the Futures without Violence curriculum.

This is a change in practice and data collection. You will now be using a new tool, modified from the WEB, which is also called the Relationship Assessment Tool.

Data collection:

- ❖ Within 6 months of enrollment, complete the RAT/WEB screening tool.
- ❖ On the Clinical IPV Assessment Form, record the Client ID and Date of screen. Under “If Using State-Mandated Alternate IPV Screening Tool”: select Women’s Experience with Battering (WEB)

For “Indicates IPV” answer “Yes” or “No” based on the score **New Clinical IPV Assessment Form:**

If Using State-Mandated Alternate IPV Screening Tool:	
Indicate tool (select one):	
<input type="checkbox"/>	Abuse Assessment Screen (AAS)
<input type="checkbox"/>	Abuse Within Intimate Relationships Scale (AIRS)
<input type="checkbox"/>	Abuse Behavior Inventory (ABI)
<input type="checkbox"/>	Composite Abuse Scale (CAS)
<input type="checkbox"/>	Conflict Tactics Scales (CTS) – Revised
<input type="checkbox"/>	Domestic Violence Screening for Pediatric Settings
<input type="checkbox"/>	Harassment in Abusive Relationships: A Self-Report Scale (HARASS)
<input type="checkbox"/>	Index of Psychological Abuse (IPA)
<input type="checkbox"/>	Measure of Wife Abuse
<input type="checkbox"/>	Multidimensional Measure of Emotional Abuse
<input type="checkbox"/>	Partner Abuse Scale (PAS)
<input type="checkbox"/>	Profile of Psychological Abuse (PPA)
<input type="checkbox"/>	Physical Abuse of Partner Scale
<input type="checkbox"/>	Safe Dates—Physical Violence Perpetration
<input type="checkbox"/>	Safe Dates—Physical Violence Victimization
<input type="checkbox"/>	Severity of Violence Against Women Scale/Severity of Violence Against Men Scale (SVAWS/SVAMS)
<input type="checkbox"/>	Sexual Experiences Survey (SES)—Perpetration Version
<input type="checkbox"/>	Sexual Experiences Survey (SES)—Victimization Version
<input type="checkbox"/>	The Relationship Chart
<input type="checkbox"/>	Universal Violence Prevention Screening Protocol—Adapted
<input type="checkbox"/>	Women Abuse Screening Tool (WAST)
<input checked="" type="checkbox"/>	Women’s Experience with Battering (WEB)
Indicates IPV? Yes <input type="checkbox"/> No <input type="checkbox"/>	

*IPV screens that occur more than 6 months after enrollment will not count towards the construct. Therefore, make sure the survey date for the Clinical IPV Assessment is **less than six months** after enrollment.*

Construct 15: Primary Caregiver Education

Summary of Measure

The measure captures data about the education of the client. At intake and every six months afterwards, ask the client about their education status. This information is collected on the Demographics Intake and Demographics Update Forms.

This is not a change in practice or data collection.

Data collection:

- ❖ At intake, ask the client, “Are you currently enrolled in middle or high school/GED? Have you completed high school or GED or vocational/certification program?” Record the response on the Demographics Intake Form.
- ❖ At 6, 12, 18, and 24 months after enrollment, ask the client “Are you currently enrolled in middle or high school/GED? Have you completed high school or GED or vocational/certification program?” Record the response on the Demographics Update Form.

*This data must be collected **at each time point** or the client will not count towards the construct.*

Construct 16: Continuity of Insurance Coverage

Summary of Measure

This construct captures whether or not a client has had continuous health insurance coverage. This information will now be collected at every home visit on the Home Visit Encounter Form.

This is a change in data collection. This data will now be collected at each visit on the Home Visit Encounter Form.

Data collection:

- ❖ At each home visit ask the following question: “Since our last visit, have you had continuous health insurance coverage?” Responses: “Yes” or “No”. This data will be recorded on the Home Visit Encounter Form.

4. ♦ Since our last visit, have you had continuous health insurance coverage?
☐ Yes ☐ No

*This question must be **asked at every visit**, or the client will not count towards the construct.*

Construct 17: Completed Depression Referrals

Summary of Measure

This construct captures data on how many clients who were identified as depressed received the appropriate referral for care. Clients will be screened for depression using the PHQ-9, and referrals for depression should be recorded on the Use of Government and Community Services Form.


This is a change in data collection. You will now check #8 on the Use of Government and Community Services for any referral for mental health not just a referral to a mental health provider.

Data collection:

- ❖ All clients must receive a PHQ-9 screen within 3 months of enrollment or 3 months postnatally.

- ❖ A total score of **10 or more** is considered a positive screen, OR any score greater than zero to the question: “Thoughts that you would be better off dead or of hurting yourself in some way”
- ❖ For those clients that screen positive for depression, provide a referral for mental health services.
- ❖ On the Use of Government and Community Services Form, for **question 8** –Referral to Mental Health record:
 - **Select 2** (Client is currently receiving services) OR
 - **Select 5** (Client received the services since the last time the form was completed but is no longer receiving services).

UPDATED Use of Government & Community Services Form:



Use of Government & Community Services

Client ID Client Name DOB

Date Nurse Home Visitor ID Nurse Home Visitor Name

◆ Record services used only at following time points:

<input type="checkbox"/> Intake	<input type="checkbox"/> Infancy 6 Months	<input type="checkbox"/> Toddler 18 Months
<input type="checkbox"/> Infant's Birth	<input type="checkbox"/> Infancy 12 Months	<input type="checkbox"/> Toddler 24 Months

Service Utilization Response Key:

➔ 2 = Client or child is currently receiving this service

3 = Service assessed by NHV as needed – NHV has previously made a referral for this service, but the service is full, client or child is waiting for service, or service not available in area

4 = Service assessed by NHV as needed – NHV has previously made a referral for this service, but the client refused the referral or did not take action for herself or her child

➔ 5 = Client or child received this service since the last time the form was completed, but is no longer receiving this service.

6 = Service assessed by NHV as needed – NHV made referral for this service at the visit

Client	Child	Service
		Financial Assistance
		1. TANF/Welfare
		2. Supplemental Nutrition Assistance Program (Food Stamps)
		3. Social Security/Social Security Disability
		4. Unemployment Benefits
		5. Subsidized Child Care
		Crisis Intervention
		6. Intimate Partner Violence
		7. Child Protective Services
		Mental Health
		8. Mental health treatment or therapy

Construct 18: Completed Developmental Referrals

Summary of Measure

The construct measures how many clients whose infants received services after being identified with a developmental concern or suspected delay using the ASQ-3 screening tool received a completed referral.

There is a change in data collection. Referrals to early intervention services must be completed within 45 days of the positive screen for the child.

Data collection:

- ❖ Complete the ASQ-3 screening for all children at **10, 18, and 24**. Record the responses on the ASQ-3 Form.
- ❖ For children with a positive ASQ-3 screening, provide a referral for **Early Childhood Intervention**. All referrals related to ASQ-3 screenings should be listed as ECI.
- ❖ On the Use of Government and Community Services Form, for question 26 “Early Childhood Intervention” record:

NEW Early Childhood Intervention question:

		26. Early Childhood Intervention If 2 or 5 was selected, was the child evaluated within 45 days of referral? <input type="checkbox"/> Yes <input type="checkbox"/> No
--	--	--

- **Mark 2** (Client is currently receiving services) OR
- **Mark 5** (Client received the services since the last time the form was completed but is no longer receiving services)
- On 26, check “Yes” or “No” for whether the child was evaluated within **45 days**

	Cut-Off Score by Age		
Area	10 month	18 month	24 month
Communication	22.87	13.06	25.17
Gross Motor	30.07	37.38	39.07
Fine Motor	37.97	34.32	35.16
Problem Solving	32.51	25.74	29.78
Personal-Social	27.25	27.19	31.54

*Infants with a positive screen for developmental concern who do not **receive a completed referral within 45 days** will not count towards this construct. Make sure the survey date for the Government and Community Services Form is less than 45 days after the ASQ-3 form with the positive screen.*

NOTE: NFP did not update forms and ETO do accommodate the three MIECHV referral options: three options: a) received individual developmental support from HV; b) refer to early intervention services within 45 days or c) refer to other community services within **30 days**. **Item 26 counts for all three options.**

Construct 19: Intimate Partner Violence Referrals

Summary of Measure:

This construct measures whether clients who screened positive for IPV received a referral to IPV services. Receiving referral information means that the primary caregiver was provided information

about community resources and/or a safety card by the nurse home visitor. Referrals for IPV should be recorded on Referral to Services Form.

There is change in the tool used to assess IPV.

Data collection:

- ❖ Complete the Relationship Assessment Tool (RAT)/Women's Experience with Battering (WEB) screening, recommended by Futures without Violence, for clients within six months of enrollment.
- ❖ For clients with a positive RAT/WEB screening, provide a referral for IPV.
- ❖ Record the referral for IPV services on the Referral to Services Form

REFERRALS:		
Client	Child	Services
		Financial Assistance
		1. TANF/Welfare
		2. Food Stamps
		3. Social Security/Social Security Disability
		4. Unemployment Benefits
		5. Subsidized Child Care
		Crisis Intervention
		6. Intimate Partner Violence
		7. Child Protective Services



MIECHV Data Collection Cheat Sheet

This document is designed to help you identify critical time points when data need to be collected for the MIECHV Constructs. Complete the estimated dates for data collection at enrollment of a new client and after the birth of her child.

Client Enrollment Date: ____/____/_____
MM DD YYYY

☐ **Complete a PHQ-9 Screening BEFORE** (add 3 months to the Enrollment date):

____/____/_____
MM DD YYYY

☐ **Complete Referral for Tobacco Cessation BEFORE** (add 3 months to the Enrollment date):

____/____/_____
MM DD YYYY

☐ **Complete IPV Screening BEFORE** (add 6 months to the Enrollment date):

____/____/_____
MM DD YYYY

☐ **Complete Demographics Update:**

(Add 6 months to the enrollment date)

____/____/_____
MM DD YYYY

(Add 12 months to enrollment date)

____/____/_____
MM DD YYYY

(Add 18 months to enrollment date)

____/____/_____
MM DD YYYY

(Add 24 months to enrollment date)

____/____/_____
MM DD YYYY

MIECHV Data Collection Cheat Sheet (*continued*)

Infant Date of Birth: ____/____/_____
MM DD YYYY

- ☐ Complete a **PHQ-9 Depression Screening BEFORE** (add 3 months to the infant DOB)

____/____/_____
MM DD YYYY

- ☐ Record that the client received **postpartum care BEFORE** (add 8 weeks to the infant DOB)

____/____/_____
MM DD YYYY

- ☐ Complete a **6-Month Infant Health Care Form AFTER** (add 6 months to the infant DOB)

____/____/_____
MM DD YYYY

- ☐ Complete a **HOME Inventory BETWEEN** (add 5 months and 7 months to the infant DOB)

____/____/_____
MM DD YYYY

 AND

____/____/_____
MM DD YYYY

- ☐ Complete a **10-month ASQ BETWEEN** (add 9 months 0 days and 10 months and 30 days to the infant DOB)

____/____/_____
MM DD YYYY

 AND

____/____/_____
MM DD YYYY

- ☐ Complete a **HOME Inventory BETWEEN** (add 15 months and 17 months to the infant DOB)

____/____/_____
MM DD YYYY

 AND

____/____/_____
MM DD YYYY

- ☐ Complete an **18-month ASQ-3 BETWEEN** (add 17 months and 0 days and 18 months and 30 days to the infant DOB)

____/____/_____
MM DD YYYY

 AND

____/____/_____
MM DD YYYY



Complete a 24-month ASQ-3 BETWEEN (add 23 months and 25 months and 15 days to the infant DOB)

____/____/____ AND ____/____/____
MM DD YYYY MM DD YYYY

MIECHV Data Collection Timeline:

This timeline provides the data to be collected by timing of home visits through the course of providing services to your client.

Enrollment Visit:
❖ Demographics at Intake Form (Education and Form 1 requirements)
❖ Health Habits at Intake Form (smoking status)
Every Home Visit:
❖ Home Visit Encounter Form (health insurance, well child visits, postpartum care, ER or urgent care visits, and behavior concerns)
❖ Use of Government and Community Services
❖ Referral Services Form
6 Months after Enrollment:
❖ IPV Screening Form
❖ Demographics Update Form (Education and Form 1 requirements)
12 Months after Enrollment:
❖ Demographics Update Form (Education and Form 1 requirements)
18 Months after Enrollment:
❖ Demographics Update Form (Education and Form 1 requirements)
24 Months after Enrollment:
❖ Demographics Update Form
First Visit after Birth of Child:
❖ Infant Birth Form (gestational age, sleeping position, early language and literacy)
Before Infant is 3-months old:
❖ PHQ-9 Screening Form
Infant 6-month Visit:
❖ Infant Health Care Form (breastfeeding, sleeping position, early language and literacy)
❖ HOME inventory
❖ CPS Consent (for Construct 9)
Infant 10-month Visit:
❖ ASQ-3 Screening Form
Infant 1 st Birthday Visit:
❖ Infant Health Care Form (breastfeeding, sleeping position, early language and literacy)
Infant 18-Month Visit
❖ Infant Health Care form (early language and literacy)
❖ ASQ-3 Screening Form
❖ HOME Inventory
Infant 2nd Birthday Visit:
❖ Infant Health Care form (early language and literacy)
❖ ASQ-3 Screening Form

Appendix A: Instructions, Script, and Form for Obtaining CPS Consents

INSTRUCTIONS:

This draft script is for use by MIECHV Home Visiting Staff when requesting parental authorization to share CPS information. The script portion is in italics.

We offer this script to help protect your client relationships, client confidentiality, and to support your clients' participation.

1. Prioritize your relationship with your families; assess for safety before making the request for parental authorization to share CPS information.
 - a. Suggested timeline for requesting the authorization: 6 months after enrollment
2. In a home visit approximately 6 months after enrollment, explain that all families are being asked if they are willing to volunteer identifiable information to permit a search of CPS records.
 - a. DO NOT persuade, pressure, or coerce
 - b. Ask client for permission to continue

SCRIPT:

"As you may know, these home visiting services are being provided as part of a federal and state effort to improve services for families like yours. We are asking all of our families if they would be willing to volunteer personal information to allow a search of CPS records to see if your child (NAME OF YOUNGEST CHILD) has any contact with CPS while you are in (NAME OF PROGRAM). Your agreement is completely voluntary and you can refuse without any consequences and still receive home visiting services. We are asking all families we serve in home visiting if they are willing to volunteer and I am not asking you because of any concern I have about your family. Do I have your permission to continue explaining?"

IF NO: STOP. Thank the caregiver for listening. DO NOT make any other effort to involve the caregiver.

IF THE CAREGIVER HAS QUESTIONS:

- You are not expected to defend this request. Calmly explain the reasons below for why you have been asked to make this request.
 - If a caregiver has specific questions you can't answer, contact your supervisor who will contact the DOH team to help answer the question or you can directly contact Roxie Zarate at DOH at roxie.zarate@doh.wa.gov or 360-236-3567. Provide answers to questions you haven't been able to answer in subsequent visit.
3. If the family agrees to keep discussing the request, explain why their information is being requested, why it is important, and how it may help others.
 - a. Federal data requirements about the impact of home visiting on child maltreatment
 - b. Family participation could help Washington State meet its reporting responsibilities
 - c. Building the case in Washington State for sustained home visiting services
 - o While we do not see direct benefit to you if you share this information, this information may help support the program for others.
 - d. *"As part of the state and federal data requirements, we are asking for your help to evaluate and show the benefit of these home visiting services you're receiving from us. Specifically, we*

would like you to consider completing a voluntary authorization to share CPS information. The purpose of the authorization is to help show if home visiting services help reduce CPS referrals and involvement."

4. Clearly and consistently explain that the authorization is voluntary.
 - a. Support free choice and voluntary consent—they can refuse at any time with no risk. If they refuse, their personal information will not be shared.
 - b. Explain that their information will be kept confidential and they can withdraw participation at any time
 - c. *"The request is completely voluntary. We will keep your personal information confidential and your information will not be used for any reason other than this check of CPS records. Your agreement will only apply during the time you're enrolled in the MIECHV Home Visiting program. When you leave the program, we will destroy your personal information. You also have the right to not participate or withdraw your participation at any time. Would you be willing to look at the authorization with me?"*
5. If the family agrees, read the authorization, address questions, and ask if they are willing to participate.
 - a. The information requested of the family is to help DSHS do a search of their electronic records for CPS contacts. The only purpose for the family's personal information is for this search. The family's personal information will not be kept by DSHS after the family leaves the home visiting program. There will be no permanent record of their personal information provided by this authorization.
 - b. *"Thanks for being willing to look at the form together. Let's look at and read through the authorization together, so you can think about it and ask me any questions you have."*
 - c. After all questions are addressed ask, *"Are you willing to complete the authorization and provide us this permission?"*
6. If the client agrees, help the parent complete the authorization form, ensuring the parent signs the authorization.
 - a. Please print information and otherwise make sure the information is easy to read. This will help avoid DOH coming back to staff with questions about how to read what is on the authorization form.
 - b. Thank the family for helping to contribute to state-wide lessons.
 - c. *"We appreciate your willingness to participate. Thank you."*
7. Back at the office, please handle the return of completed forms as confidential information.
 - a. For families that declined participation please write 'declined' on the form and the client's name.
 - b. Provide signed and declined authorizations to your supervisor as you receive them.
 - c. Secure all signed and declined authorizations in envelopes with your name and the date of the authorization. DO NOT put any identifying information about the family on the envelope.

Instructions for Supervisors:

- Please submit all authorizations to DOH on a quarterly basis, starting June 2015.
 - Confidential authorizations can be sent to DOH using Secure File Transfer (SFT). If you do not already have a SFT, please contact Roxie Zarate at roxie.zarate@doh.wa.gov to request set-up.

Consent to Share Information for Child Protective Records Review

Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program

Please complete for all clients: Client/guardian unique ID _____

☐ I give consent for MIECHV, the Department of Social and Health Services (DSHS), and the home visiting data team at Washington State Department of Health (DOH) to share this information:

- My name, address, and date of birth.
- My child's name, gender, address, and date of birth.
- My ProviderOne Number for Medicaid (if I have one).
- My child's ProviderOne Number for Medicaid (if my child has one).

This consent is only for the purpose described below. It is only for the time my family is in home visiting. This is not consent to share information from before or after the time my family is in home visiting.

DSHS will use the above information to determine whether Child Protective Service (CPS) investigated reports of abuse or neglect for my child while we are in the home visiting program. DOH will use the CPS data to come up with a *percentage* of children in the program with suspected or confirmed child abuse or neglect. DOH will report this percentage to the federal government. The federal government funds the home visiting program. It wants to know if families are benefiting from the program by having a lower rate of suspected or confirmed child abuse or neglect. DOH will **not** share with the federal government any information that identifies my child or me. MIECHV, DSHS, and DOH will keep confidential all information that identifies my child or me.

I understand that:

- MIECHV asks all families in home visiting to agree to this consent.
- It is my choice whether to share this information.
- If I choose to not share, I can continue to participate in home visiting.
- If I change my mind, I can withdraw my consent at any time by talking with my home visitor.
- MIECHV, DOH, and DSHS will keep my and my child's personal information confidential.
- DSHS will share only the following information, if any: CPS referral dates, CPS referral determination dates, and result of CPS referral determination. DSHS will not share any other details of CPS referral or action.

☐ I decline to share information about me for Child Protective Records Review. I understand that this **will not** affect my continued participation in the program.

Signature of Participant

Date:

Signature of Staff

Date:

Copies Needed For:

- Participant
- Local Program
- Washington State Department of Health

Authorization to Share Information for Child Protective Records Review

Instructions: Home visitors review and complete the information needed with caregivers. Home visitors and caregivers complete the information together during a home visit. Information not available during the home visit will be completed by home visitor with information previously provided by the caregiver to the home visiting program.

Information Needed	Information	Completed By:
Child First Name		Home Visitor or Caregiver
Child Middle Name		Home Visitor or Caregiver
Child Last Name		Home Visitor or Caregiver
Child Date of Birth		Home Visitor or Caregiver
Child Gender		Home Visitor or Caregiver
Child ProviderOne ID		Home Visitor or Caregiver
Caregiver First Name		Caregiver
Caregiver Middle Name		Caregiver
Caregiver Last Name		Caregiver
Caregiver Date of Birth		Caregiver
Caregiver Gender		Caregiver
Caregiver ProviderOne ID		Home Visitor or Caregiver
Enrollment Date		Home Visitor
Street Address		Home Visitor
City		Home Visitor
Zip		Home Visitor

Definitions: *ProviderOne ID* = Medicaid ID, which can be found on the Medicaid ID cards